This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | <u>4-19-07</u> | Address: | <u>1/2 north of 8B on</u> |
|--|---|---|---|
| Case #: | <u>24-28246</u> | • | Hawthorne Road |
| County: | <u>Marshall</u> | | |
| Type of Laboratory Seizure (check one) | | Seizure Location (| rbeck all that apply) |
| | onal Lab cal/Glassware/Equipment (only) ite (only) | Residence Outbuilding Vehicle | ☐ Hotel/Motel ☐ Open No Structure ☐ Other: |
| Items Four | nd: Location (bedroom, kitchen, open a | (r, etc) | — — |
| _(check aft th | nat apply) n/Ammonia Reaction(s): | <u>-</u> - | |
| Red Phosphorous/Iodine Reaction(s): | | | |
| Flammable Solvents: | | | |
| Water Reactive Metal (Lithium): | | | |
| Anhydrous Ammonia: | | | |
| ⊠ Hydroci | nloric Acid Gas Generator(s): open a | ir | |
| | ve Acid; | _ | |
| Corrosiv | ve Basc: | | |
| Other (item and location); | | | |
| ∐ Yes ⊠ No | er age 18 discovered (check one) (number present) port to Child Protective Services | ☐ Ephedrind ☐ Retail/Mo | Information Pseudoephedrine Tracking Log rehant Tip lian complaint |
| This report | is to be faxed to the following agen | cies that scrye the lo | cation: |
| Fire Departs | ment: Plymouth Fire | Fax: <u>574</u> - <u>936-5256</u> | |
| Health Department: Marshall Co. | | Fax: <u>5</u> 7 <u>4-93</u> Fax: N/A | <u>36-9247</u> |
| Child Protec | etion Service: <u>N/A</u> | - 0421 1111 | |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Aaron T. Campbell</u> Phone <u>219-696-6242</u> | | | |
| | | | |

*** This form is to be included with the case life, and a copy sent to the Claudestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.